



ALLEN COUNTY DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT
FOR ON-SITE SEWAGE SYSTEM

Receipt: \_\_\_\_\_
Date: \_\_\_\_\_
Amount: \_\_\_\_\_
Initials: \_\_\_\_\_

OFFICE USE ONLY: (INSTALLER): \_\_\_\_\_

COMMERCIAL ESTABLISHMENTS & INSTITUTIONS
(This form is to be used for all installations except for a 1 and 2 family residence.)

APPLICANT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_
MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_
PROPERTY OWNER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_
PRESENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

I hereby request a permit to construct an On-Site Sewage System at the following location:

NUMBERED ADDRESS OF SITE: \_\_\_\_\_ CITY: \_\_\_\_\_
STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ LOT NUMBER: \_\_\_\_\_ SUBDIVISION NAME: \_\_\_\_\_
SECTION NUMBER: \_\_\_\_\_ TOWNSHIP NAME: \_\_\_\_\_

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PLEASE PLACE YOUR INITIALS ON EACH LINE BELOW AFTER READING THE SENTENCE (REQUIRED).

- I hereby certify that facilities at the above location will be installed in compliance with 410 IAC 6-10.1 and Allen County Code Title 10-4.5, and as outlined in this application.
I hereby certify that to the best of my knowledge all information contained in this application is correct (including information referenced below regarding the structures with plumbing).
I understand it will be necessary for a representative of the Allen County Department of Health to visit my property during normal business hours (as authorized by State Code) to inspect the construction of my system and I consent to these inspections.
I understand it will be necessary for a representative of the Allen County Department of Health to conduct a walk-thru of any existing and new structures on my property to verify if plumbing is/is not present. I consent to these inspections and will allow them once provided with the Department's request to do so.
I further understand that this permit will expire in one year from the date of issue if the system has not been substantially completed by that time. I understand I must then reapply and pay for a new permit at that time.

PROPERTY OWNER SIGNATURE (REQUIRED, indicating full agreement with above statements as initialed): \_\_\_\_\_

When installation has been inspected and approved, an Operational Permit will be issued from the Allen County On-Site Wastewater Management District.

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CHECK ONE: [ ] NEW INSTALL [ ] REPLACEMENT [ ] ALTERATION [ ] REPAIR [ ] MAJOR REVISION [ ] PRIVY

IF AN ALTERATION, REPAIR OR MAJOR REVISION, WHAT IS PROPOSED: \_\_\_\_\_

WILL THE SYSTEM HAVE PRETREATMENT: [ ] YES [ ] NO IF YES, WHAT TYPE PRETREATMENT: \_\_\_\_\_

TYPE OF SYSTEM PROPOSED:

- [ ] AT GRADE [ ] DRIP IRRIGATION [ ] ELEVATED SAND MOUND [ ] ELJEN/GRAVITY
[ ] ELJEN/PUMP [ ] ENVIROSEPTIC/PRESBY/GRAVITY [ ] ENVIROSEPTIC/PRESBY/PUMP [ ] FLOOD DOSE TRENCH
[ ] GRAVITY TRENCH [ ] INFILTRATOR ATL/GRAVITY [ ] INFILTRATOR ATL/PUMP [ ] PERMITTED DISCHARGE
[ ] PRESSURED TRENCHES [ ] VAULT PRIVY [ ] OTHER: \_\_\_\_\_

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TYPE OF ESTABLISHMENT: \_\_\_\_\_

LOT SIZE (ACRES): \_\_\_\_\_ DISTANCE TO NEAREST CITY SEWER: \_\_\_\_\_ NEAREST CITY WATER: \_\_\_\_\_

SEE NEXT PAGE

ESTIMATED MAX. NO. OF GALLONS OF WASTES TO PASS THRU SYSTEM PER DAY: \_\_\_\_\_ (Provide documentation.)

WATER SUPPLY (CHECK ONE):  PRIVATE WELL  PUBLIC WATER SUPPLY

ARE THERE ANY RESTROOMS IN THE BASEMENT?  YES  NO

WHERE DOES BASEMENT FLOOR DRAIN DISCHARGE? \_\_\_\_\_

IS THE EXISTING WATER SOFTENER BACKFLUSH TIED IN TO THE SEWER PLUMBING LINE?  YES  NO  N/A

BASEMENT/LOWER LEVEL PLUMBING FIXTURES DRAIN TO SEPTIC TANK:  VIA GRAVITY  VIA SEWAGE EJECTOR PIT

ARE THERE CURRENTLY ANY SANITARY VAULT PRIVIES OR outhouses ON THE PROPERTY?  YES  NO

IF YES, WILL IT/THEY:  BE PROPERLY ABANDONED (PUMPED/FILLED IN)  REMAIN IN USE  
 CONVERTED TO A FLUSH TOILET & CONNECTED TO NEW SYSTEM  OTHER: \_\_\_\_\_

ARE THERE ANY OTHER STRUCTURES ON THE PROPERTY WITH PLUMBING (INCLUDING A SLOP SINK)?  YES  NO

IF YES, WHICH STRUCTURES HAVE PLUMBING? \_\_\_\_\_

ARE THERE FUTURE PLANS TO BUILD ANY STRUCTURES ON THE PROPERTY WITH PLUMBING?  YES  NO

IF YES, WHAT WILL THE STRUCTURES BE? \_\_\_\_\_

IS A CISTERN IN USE ON THE PROPERTY?  YES  NO IF YES, WHERE DOES THE CISTERN OVERFLOW DRAIN TO? \_\_\_\_\_

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**SUBMIT LOT LAYOUT OF PROPERTY.** Show location of septic tank, dosing tank absorption field (or other secondary system), well, well pump, tile lines, sewers, drains, drainage ditches, plumbing, driveways, roads, property lines, and rough floor plan of establishment with sufficient label and dimensions to identify and locate all items. Layout must be drawn to scale and scale shown. **A LEGAL DESCRIPTION IS ALSO NECESSARY.**

<b><u>Permit Fee Schedule</u></b>	
<b><u>Permit Type</u></b>	<b><u>Fee</u></b>
<b>(Payable to Allen County Department of Health)</b>	
Septic Construction Permit (New or Replacement) (Must obtain prior to the commencement of any excavation, construction, modification or addition to any existing or new private sewage disposal system.)	\$250.00
Septic Construction Permit ( <b>Alteration, Repair, Major Revision or Sanitary Privy</b> ) (Must obtain prior to the commencement of any alteration, repair, modification, or addition to any existing private sewage disposal system that does not involve the replacement or modification of the soil absorption field, or permitted discharge system.)	\$125.00

**NOTE:** Payments made by check that result in non-sufficient funds will result in the requirement for immediate payment to the Allen County Department of Health (plus an additional NSF check fee) via cash, money order or certified check within 5 business days. If payment is not received within 5 business days of notification, the application process will be on hold until fees are paid in full.

**COLLECTIONS NOTICE:** Any and all charges for services and permits are your sole responsibility and are to be paid in full upon application. In the event any legal proceeding must be instituted to recover the amount due, the Allen County Department of Health shall be entitled to recover the cost of the collections, including reasonable attorney fees.